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CONFIRMATION NO. 8300

<b>SERIAL NUMBER</b> 10/549,472	<b>FILING OR 371(c) DATE</b> 07/24/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 21334-1519
<b>APPLICANTS</b> Xavier Cirac Sole, Barcelona, SPAIN; Luis Batllo Roses, Barcelona, SPAIN; Ana Maria Herranz, Barcelona, SPAIN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB04/00699 03/12/2004				
<b>** FOREIGN APPLICATIONS *****</b> SPAIN 200300652 03/14/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 08/05/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> SPAIN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 13
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 29450				
<b>TITLE</b> Safety insert for single-use disposable syringes				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	